

Bill no.:	HL.C. <i>HR 1003</i>
Amendment no.:	<i>#1</i>
Date offered:	<i>3/13/97</i>
Disposition:	<i>adopted, as amended, W</i>

**AMENDMENT TO H.R. 1003 (ASSISTED SUICIDE
FUNDING RESTRICTION ACT OF 1997)**

OFFERED BY MR. BROWN OF OHIO

At the end of the bill, insert the following new section (and conform the table of contents accordingly):

1 SEC. 12. SUICIDE PREVENTION (INCLUDING ASSISTED SUICIDE).

3 (a) PURPOSE.—The purpose of this section is to reduce the rate of suicide (including assisted suicide) among persons with disabilities or chronic or terminal illness.

6 (b) REQUIREMENTS FOR HEALTH PROFESSIONS SCHOOLS RECEIVING FEDERAL FUNDS UNDER TITLE VII OF THE PUBLIC HEALTH SERVICE ACT.—

9 (1) Section 798 of the Public Health Services Act (42 U.S.C. 295o) is amended by adding the following new subsection:

12 “(g) CURRICULA REQUIREMENTS.—As a condition of receiving funds under this title—

14 “(1) schools of medicine and osteopathic medicine shall develop and implement training curricula in pain management, depression identification and treatment (or referral for treatment), disability awareness, and issues (including palliative care and suicide prevention) related to death and dying; and

1 “(2) health professions schools shall provide op-
2 portunities for continuing medical education in the
3 areas described in paragraph (1).”.

4 (2) Section 781 of the Public Health Service
5 Act (42 U.S.C. 295) is amended by adding the fol-
6 lowing new subsection:

7 “(f) RESEARCH AND DEMONSTRATION PROJECTS ON
8 SUICIDE PREVENTION (INCLUDING ASSISTED SUI-
9 CIDE).—

10 “(1) RESEARCH.—The Secretary may make
11 grants to enter into contracts with public and pri-
12 vate entities for conducting research intended to re-
13 duce the rate of suicide (including assisted suicide)
14 among persons with disabilities or chronic or termi-
15 nal illness. The Secretary shall give preference to re-
16 search that aims—

17 “(A) to assess the quality of care received
18 by patients with disabilities or chronic or termi-
19 nal illness by measuring and reporting specific
20 outcomes;

21 “(B) to compare coordinated health care
22 (which may include coordinated rehabilitation
23 services, symptom control, psychological sup-
24 port, and community-based support services) to
25 traditional health care delivery systems; or

1 “(C) to advance biomedical knowledge of
2 pain management.

3 “(2) TRAINING.—The Secretary may make
4 grants and enter into contracts to assist public and
5 private entities, schools, academic health science cen-
6 ters, and hospitals in meeting the costs of projects
7 intended to reduce the rate of suicide (including as-
8 sisted suicide) among persons with disabilities or
9 chronic or terminal illness. The Secretary shall give
10 preference to qualified projects that will—

11 “(A) train health care practitioners in pain
12 management, depression identification and
13 treatment (or referral for treatment), and is-
14 sues (including palliative care and suicide pre-
15 vention) related to death and dying;

16 “(B) train the faculty of health professions
17 schools in the areas described in subparagraph
18 (A); and

19 “(C) develop and implement curricula re-
20 garding disability issues (including living with
21 disabilities), chronic illness, terminal illnesses,
22 attendant and personal care, assistive tech-
23 nology, and social support services.

24 “(3) DEMONSTRATION PROJECTS.—The Sec-
25 retary may make grants to and enter into contracts

1 with public and nonprofit private entities for the
2 purpose of conducting demonstration projects that
3 will—

4 “(A) reduce restrictions on access to hos-
5 pice programs; and

6 “(B) fund home health care services, com-
7 munity living arrangements, assistive tech-
8 nologies, and attendant care services.

9 “(4) PALLIATIVE MEDICINE.—The Secretary
10 shall emphasize palliative medicine among its fund-
11 ing and research priorities.”.